

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

OCT 25 1937

35070

1. PLACE OF DEATH

County Randolph
 Township Clifton Hill
 City Clifton Hill (No. 1)

Registration District No. 731
 Primary Registration District No. 4436

File No. 35070
 Registered No. 7
 St. 1 Ward 1

2. FULL NAME

Perry Franklin Sears

(a) Residence, No. 1 St. 1 Ward 1
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30, 1868

7. AGE YEARS 76 MONTHS 9 DAYS 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. minister
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co

13. NAME Levi Sears

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co

15. MAIDEN NAME Rebecca Ash

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co

17. INFORMANT (ADDRESS) Mrs E. L. Sears
Clifton Hill

18. BURIAL, CREMATION, OR REMOVAL PLACE Clifton Hill DATE Sept 19, 1937

19. UNDERTAKER (ADDRESS) Tom E. Patton
Sumnerville

20. FILED Oct 11, 1937 Al Bradsher
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1937, to Sept 18, 1937

I last saw him alive on Sept 18, 1937. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchitis Pneumonia Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Yes, always

(Signed) W. L. Almy M. D.

(Address) W. L. Almy

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

